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CONFIRMATION NO. 3694

SERIAL NUMBER 10/606,117	FILING DATE 06/24/2003 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 3614/172
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/056,793 01/23/2002 PAT 7,031,776
 which claims benefit of 60/301,877 06/29/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 13	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Charles P. O'Leary</i>	INITIALS <i>JO</i>		
Verified and Acknowledged				

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TITLE

Methods and apparatus for treatment of degenerative retinal disease via indirect electrical stimulation

FILING FEE RECEIVED 707	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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